

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Division of Medicaid		CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER (601) 359-5241	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 03/06/2013	Name or number of rule(s): Title 23 Division of Medicaid, Part 212 Rural Health Clinics, Chapter 1 General, Rule 1.1 Provider Enrollment Requirements			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Rule 1.1A was effective 12/01/2007. This filing is to include information inadvertently omitted in the April 1, 2012 compilation of Administrative Code Title 23 Division of Medicaid.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121; 42 CFR § 491; 42 CFR § 440.209(b)(c); 42 CFR § 455, Subpart E.

List all rules repealed, amended, or suspended by the proposed rule: Part 212 Rural Health Clinics, Chapter 1 General, Rule 1.1A Provider Enrollment Requirements.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic Impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

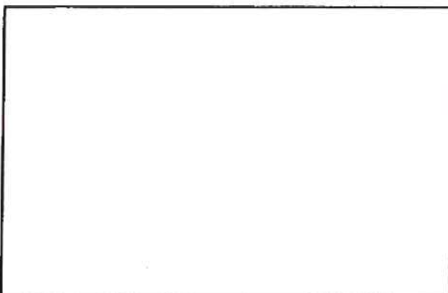
Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ ☒ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): _____

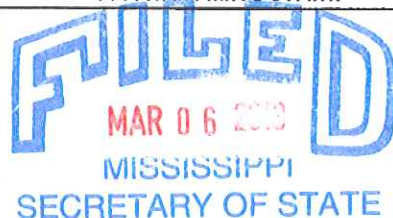
Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: _____

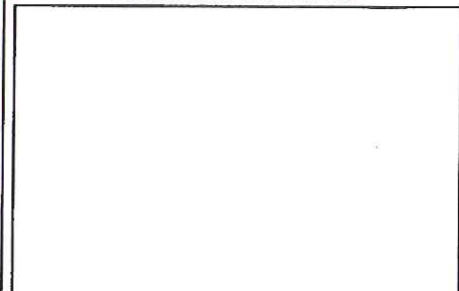
OFFICIAL FILING STAMP

Accepted for filing by _____

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP



Accepted for filing by [Signature]

OFFICIAL FILING STAMP

Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.